



## Complete Summary

### TITLE

Preventive services for adults: percentage of patients with all Level I preventive services on time according to the guideline delivery schedule.

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Preventive services for adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Oct. 68 p. [156 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of adult patients with all Level I preventive services on time according to the guideline delivery schedule.\*

\*Refer to "Table 1: Adult Preventive Services That Providers and Care Systems *Must* Deliver (Based on Best Evidence) (Level I)" in the related National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline [Preventive Services for Adults](#).

### RATIONALE

The priority aim addressed by this measure is to increase the percentage of adult patients on time with Level I preventive services.\*

\*Refer to "Table 1: Adult Preventive Services That Providers and Care Systems *Must* Deliver (Based on Best Evidence) (Level I)" in the related National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline [Preventive Services for Adults](#).

## PRIMARY CLINICAL COMPONENT

Preventive services

## DENOMINATOR DESCRIPTION

Total number of patients who present in the clinic for a non-emergent primary care visit

**Note:** Some medical groups may choose to calculate a measurement on the entire clinic population.

## NUMERATOR DESCRIPTION

Number of patients on time on all Level I preventive services (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

### Evidence Supporting the Measure

#### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

#### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Preventive services for adults.](#)

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Unspecified

### State of Use of the Measure

#### STATE OF USE

Current routine use

#### CURRENT USE

Internal quality improvement

### Application of Measure in its Current Use

#### CARE SETTING

Physician Group Practices/Clinics

## **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

## **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Group Clinical Practices

## **TARGET POPULATION AGE**

Age greater than or equal to 19 years

**Note:** Medical groups may choose to specify age parameters to simplify measurement.

## **TARGET POPULATION GENDER**

Either male or female

## **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

## **Characteristics of the Primary Clinical Component**

### **INCIDENCE/PREVALENCE**

Unspecified

### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

### **BURDEN OF ILLNESS**

Unspecified

### **UTILIZATION**

Unspecified

### **COSTS**

Unspecified

## **Institute of Medicine National Healthcare Quality Report Categories**

### **IOM CARE NEED**

Staying Healthy

## **IOM DOMAIN**

Effectiveness

### **Data Collection for the Measure**

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

Total number of patients who present in the clinic for a non-emergent primary care visit. Medical groups may choose to specify age parameters to simplify measurement.

For organizations having electronic medical record (EMR), or a paper medical record: patients who have had an office visit of any kind within the preceding month can be randomly sampled to produce at least 20 records for review. Selected records are audited using the checklist tool (available on the [Institute for Clinical Systems Improvement \[ICSI\] Web site](#)) to determine a patient's status on each of the preventive services listed.

Data can be collected monthly.

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Total number of patients who present in the clinic for a non-emergent primary care visit

**Note:** Some medical groups may choose to calculate a measurement on the entire clinic population.

### **Exclusions**

Unspecified

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Encounter

## **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Number of patients on time on all Level I preventive services\*

\*A patient must be on time with all applicable Level I preventive services\*\* to meet the criteria. For a service to be counted as provided, it should be documented with a date of service.

Medical record documentation should indicate if the service was:

- Completed
- Offered and refused
- Not done

If a service was offered to the patient and the patient refused the service (test or procedure), it should be counted as a "yes" to the criteria.

\*\*Refer to "Table 1: Adult Preventive Services That Providers and Care Systems *Must* Deliver (Based on Best Evidence) (Level I)" in the related National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline [Preventive Services for Adults](#).

### **Exclusions**

Unspecified

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## **NUMERATOR TIME WINDOW**

Encounter or point in time

## **DATA SOURCE**

Medical record

## **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

## **PRE-EXISTING INSTRUMENT USED**

Unspecified

## Computation of the Measure

### SCORING

Rate

### INTERPRETATION OF SCORE

Better quality is associated with a higher score

### ALLOWANCE FOR PATIENT FACTORS

Unspecified

### STANDARD OF COMPARISON

Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Percentage of patients with all Level I preventive services on time according to the guideline delivery schedule.

### MEASURE COLLECTION

[Preventive Services for Adults Measures](#)

### DEVELOPER

Institute for Clinical Systems Improvement

### FUNDING SOURCE(S)

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### COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

*Work Group Members:* Karla Grenz, MD (Work Group Leader) (Allina Medical Clinic); Roy Mortinsen, MD (Sanford Health) (Family Practice); Don Pine, MD (Park Nicollet Health Services) (Family Practice); Leif Solberg, MD (HealthPartners Medical Group) (Family Practice); John M. Wilkinson, MD (Mayo Clinic) (Family Practice); Lisa Harvey, RD, MPH (Park Nicollet Health Services) (Health Education); Peter Rothe, MD (HealthPartners Medical Group) (Internal Medicine); Sheila Goodman, MD (Obstetrics and Gynecology Associates) (OB/GYN); Amy Hentges, MD (Allina Medical Clinic) (Pediatrics); Lawrence Morrissey, MD (Stillwater Medical Group) (Pediatrics); Michael Maciosek, PhD (HealthPartners Medical Group) (Research); Penny Fredrickson (Institute for Clinical Systems Improvement) (Measurement and Implementation Advisor); Melissa Marshall, MBA (Institute for Clinical Systems Improvement) (Facilitator); Pam Pietruszewski, MA (Institute for Clinical Systems Improvement) (Facilitator)

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

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No work group members have potential conflicts of interest to disclose.

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2003 Sep

## **REVISION DATE**

2008 Oct

## **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Preventive services for adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2007 Oct. 87 p.

## **SOURCE(S)**

Institute for Clinical Systems Improvement (ICSI). Preventive services for adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Oct. 68 p. [156 references]

## **MEASURE AVAILABILITY**

The individual measure, "Percentage of Patients with All Level I Preventive Services On Time According to the Guideline Delivery Schedule," is published in "Health Care Guideline: Preventive Services for Adults." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](http://www.icsi.org).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

## **NQMC STATUS**

This NQMC summary was completed by ECRI on March 29, 2004. This NQMC summary was updated by ECRI Institute on November 11, 2004, December 27, 2005, December 11, 2006, December 26, 2007, and again on November 26, 2008.

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